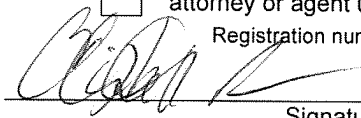


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|   |                                  |   |                             |
|---|----------------------------------|---|-----------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>N9810.0032/P032 |                             |
| Application Number<br>10/663,817-Conf. #4051  |                                  | Filed<br>September 17, 2003                 |                             |
| For BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE  |                                  |   |                             |
| Art Unit<br>1616  |                                  | Examiner<br>M. Haghighatian                 |                             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                             |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee<br>\$120                                | Small Entity Fee<br>\$60 \$ |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460                                       | \$230 \$                    |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1050                                      | \$525 \$ 525.00             |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                      | \$820 \$                    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                      | \$1115 \$                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |   |                             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                             |
| <input checked="" type="checkbox"/> Payment by credit card.   |                                  |   |                             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073.                         |                                  |   |                             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                  |   |                             |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 52,499   |                                  |   |                             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |   |                             |
| <br>Signature  |                                  | October 9, 2007<br>Date                     |                             |
| Elizabeth Parsons<br>Typed or printed name  |                                  | (202) 420-2611<br>Telephone Number          |                             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |                             |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted.   |                                  |   |                             |